

ISSUE SLIP STAPLE AREA (for additional cross references)

O.C.  
10/24  
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/19
O.I.P.E. CLASSIFIER		79	7-27-00
FORMALITY REVIEW	H A	858	10-20-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/8/02
2	✓
3	✓
4	✓
5	0 0
6	0 0
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Claim	Date
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Claim	Date
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AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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